



Los Angeles County
Department of Regional Planning

Planning for the Challenges Ahead



Bruce W. McClendon, FAICP
Director of Planning

**REGIONAL PLANNING COMMISSION
APPEAL FORM**

DATE: _____

TO: Ms. Rosie Ruiz
Regional Planning Commission Secretary
Department of Regional Planning
County of Los Angeles
320 W. Temple Avenue, Room 1350
Los Angeles, California 90012

FROM: _____
Name

SUBJECT: Project Number(s): _____
Case Number(s): _____
Case Planner: _____
Address: _____
Assessors Parcel Number: _____
Zoned District: _____

Entitlement Requested:

Related Zoning Matters:

Tentative Tract/Parcel Map No.	
CUP, VAR or Oak Tree No.	
Change of Zone Case No.	
Other	

(Reverse)

I am appealing the decision of (check one and fill in the underlying information):

Decision Date: ☐ **Director** ☐ **Hearing Officer**
Public Hearing Date: _____
Hearing Officer's Name: _____
Agenda Item Number: _____

The following decision is being appealed (check all that apply):

- ☐ The Denial of this request
☐ The Approval of this request
☐ The following conditions of approval:

List conditions here

The reason for this appeal is as follows:

Are you the applicant for the subject case(s) (check one)? ☐ YES ☐ NO

Submitted herewith is a check or money order for the amount of \$ 1,352* (if applicant) \$677* (if non-applicant).

Appellant (Signature)

Print Name

Address

Day Time Telephone No.

*Fee subject to change.